

CHILD SUPPORT CASE REGISTRATION AND PAYMENT FORM (CSS-1)

**PURSUANT TO RIGL 15-5-16.2(H) THIS FORM MUST BE COMPLETED IN FULL FOR ALL NEW, MODIFIED OR
SUSPENDED SUPPORT ORDERS REGARDLESS OF WHETHER PAYMENTS ARE TO BE MADE
THROUGH RI FAMILY COURT**

PLEASE NOTE THERE ARE TWO (2) SIDES TO THIS FORM

DOMESTIC DOCKET # _____ RECIPROCAL DOCKET # _____ Merged Yes / No

OBLIGOR ---- NON-CUSTODIAL PARENT (NCP)

Check One ☐ Plaintiff ☐ Defendant

NAME:

FIRST MI LAST Mod

ADDRESS: _____

CITY/STATE _____ ZIP: _____

DOB: _____ SEX: _____ SSN: _____

CELL PH # _____ HOME PH # _____

DRIVER'S LICENSE # _____ (IF KNOWN)

OBLIGOR'S ATTY: _____

ATTY BAR # _____ PHONE # _____

OBLIGEE ---- CUSTODIAL PARENT (CP)

Check one ☐ Plaintiff ☐ Defendant

NAME:

FIRST MI LAST Mod

ADDRESS: _____

CITY/STATE _____ ZIP: _____

DOB: _____ SEX: _____ SSN: _____

CELL PH # _____ HOME PH # _____

OBLIGEE'S ATTY: _____

ATTY BAR # _____ PHONE# _____

EMPLOYMENT INFORMATION - OBLIGOR

EMPLOYER NAME

ADDRESS

CITY STATE ZIP PHONE

EMPLOYMENT INFORMATION - OBLIGEE

EMPLOYER NAME

ADDRESS

CITY STATE ZIP PHONE

NON DISCLOSURE OF INFORMATION DUE TO FAMILY VIOLENCE (FVI) **

COMPLETE THIS SECTION ONLY IF THERE IS A HISTORY OF FAMILY VIOLENCE
AS DEFINED IN RIGL 15-22-4

☐ NON-DISCLOSURE OF INFORMATION ON THE IV-D SYSTEM
IS REQUESTED DUE TO DOMESTIC VIOLENCE -
I CLAIM THE DISCLOSURE OF MY ADDRESS OR OTHER IDENTIFYING
INFORMATION COULD BE HARMFUL TO ME OR THE CHILD(REN) IN MY CARE
AS THERE IS A HISTORY OF FAMILY VIOLENCE AS DEFINED IN RIGL 15-22-4

WHOSE ADDRESS IS TO BE PROTECTED?

☐ OBLIGEE / CHILDREN ☐ OBLIGOR

****CHECKING THE FVI BOX PREVENTS DISCLOSURE OF CERTAIN
IDENTIFYING INFORMATION IN CONNECTION WITH THE IV-D CHILD
SUPPORT PROGRAM ONLY. THE FVI DOES NOT SEAL THE FAMILY COURT
FILE; THE FVI IS NEITHER A RESTRAINING ORDER NOR AN ORDER FOR
PROTECTION. YOU MUST FILE A SEPARATE MOTION TO SEAL THE COURT
FILE IF YOU WANT THAT INFORMATION PROTECTED.**

NAMES OF DEPENDENT CHILDREN (ATTACH ADDITIONAL SHEET IF MORE THAN THREE CHILDREN)

CHILD'S NAME	SEX	DOB	SOCIAL SECURITY #	HEALTH INS THRU: Circle all that apply
1 FIRST MI LAST Mod	M / F			CP NCP STATE
2 FIRST MI LAST Mod	M / F			CP NCP STATE
3 FIRST MI LAST Mod	M / F			CP NCP STATE

HEALTH INSURANCE CODES

CP= CUSTODIAL PARENT'S
EMPLOYER SPONSORED PLAN
WITH OR WITHOUT STATE SUBSIDY

NCP= NON CUSTODIAL PARENT'S
EMPLOYER SPONSORED PLAN
WITH OR WITHOUT STATE SUBSIDY

STATE= INSURANCE IS PROVIDED BY ONE OF FOLLOWING:
RITECARE / RITESHARE / RIWORKS

ORDER INFORMATION: Hearing Date: _____ **Judge/Magistrate:** _____
HAS WAGE ASSIGNMENT BEEN ORDERED BY THE COURT? ☐ YES ☐ NO

**ONGOING ORDERS FOR CHILD SUPPORT
SPOUSAL SUPPORT, CASH MEDICAL & ARREARS**

TYPE	AMOUNT	ORDER EFFECTIVE DATE	ORDER SUSPEND DATE
CHILD SUPPORT**	\$ _____ WEEK / BI-WK / MTH	_____	_____
**EXCLUSIVE OF CASH MEDICAL ORDER			
CASH: MEDICAL	\$ _____ WEEK / BI-WK / MTH	_____	_____
ARREARS:	\$ _____ WEEK / BI-WK / MTH	_____	_____
SPOUSAL:	\$ _____ WEEK / BI-WK / MTH	_____	_____
PAST LIABILITY pursuant to RIGL 15-8-4	\$ _____ WEEK / BI-WK / MTH	_____	_____

ARREARS - ESTABLISHED BY COURT ORDER

ARREARS FOR:	BALANCE	ESTABLISHED AS OF (DATE)
CHILD SUPPORT-		
OWED to CP/ Non Welfare	\$ _____	_____
Owed to STATE (Welfare)	\$ _____	_____
CP MEDICAL ARREARS * *	\$ _____	_____
STATE CASH MEDICAL	\$ _____	_____
SPOUSAL SUPPORT	\$ _____	_____
PAST LIABILITY (RIGL 15-8-4)		
OWED TO CP.....	\$ _____	_____
OWED TO STATE	\$ _____	_____
**CP medical arrears, including amounts due for un-reimbursed medical/dental expenses per court order to be paid through the Family Court Collection Unit		

INTEREST on ARREARS: ☐ INTEREST ON ARREARS SHALL ACCRUE ☐ INTEREST ON ARREARS SHALL NOT ACCRUE

MEDICAL INSURANCE INFORMATION

IS THERE A COURT ORDER FOR EITHER PARTY TO OBTAIN/MAINTAIN INSURANCE FOR CHILD/CHILDREN YES NO

IF YES, WHICH PARTY WAS ORDERED TO MAINTAIN THE INSURANCE? CUSTODIAL NON CUSTODIAL

ARE ALL CHILDREN IN THIS CASE CURRENTLY COVERED UNDER A MEDICAL INSURANCE PLAN?..... YES NO

IF YES, HOW IS THE CHILD'S INSURANCE BEING PROVIDED? (CHECK ALL THAT APPLY)

☐ CUSTODIAL PARENT THRU EMPLOYER SPONSORED PLAN WITHOUT ANY STATE SUBSIDY

☐ NON CUSTODIAL PARENT THRU AN EMPLOYER SPONSORED PLAN

☐ STATE MEDICAID RITECARE / RITESHARE / RIWORKS

IF THE NON CUSTODIAL PARENT DOES NOT COVER THE CHILD THROUGH AN EMPLOYER SPONSORED PLAN, ANSWER THE FOLLOWING BELOW:

DOES NCP EMPLOYER OFFER FAMILY HEALTH INSURANCE	YES	NO
IS COST OF INSURANCE REASONABLE (5% OR LESS OF NCP GROSS INCOME)?.....	YES	NO
IS THERE A COURT ORDER FOR CASH MEDICAL CONTRIBUTION BY NCP?	YES	NO

IMPORTANT NOTICE - SELECTION OF SERVICE LEVEL

IN ANY CASE WHERE A CHILD RECEIVES PUBLIC BENEFITS THROUGH WELFARE (RI WORKS) OR THROUGH THE STATE CHILD CARE PROGRAM (CCAP) ALL CHILD SUPPORT PAYMENTS MUST BE MADE THROUGH THE RI FAMILY COURT AND THE OBLIGEE MUST SELECT FULL SERVICE LEVEL.

IN ANY CASE WHERE A CHILD RECEIVES ONLY STATE MEDICAID (RITECARE / RITESHARE) THE OBLIGEE MUST SELECT EITHER "FULL SERVICE" OR "MEDICAL ONLY" SERVICE LEVEL AND MAY NOT SELECT BOOKKEEPING OR REGISTRATION ONLY.

IN ANY CASE WHERE A CHILD RECEIVES NO PUBLIC BENEFITS, THE OBLIGEE MAY ELECT FULL SERVICE, BOOKKEEPING ONLY OR REGISTRATION OF INFORMATION ONLY.

I ELECT THE SERVICE LEVEL MARKED BELOW. BY SIGNING THIS FORM I AUTHORIZE THE RI FAMILY COURT THROUGH ITS COOPERATIVE AGREEMENT WITH DHS/RI OFFICE OF CHILD SUPPORT SERVICES (OCSS) TO COLLECT MY CHILD SUPPORT AND/OR MEDICAL SUPPORT AS MAY BE APPROPRIATE.

☐ **FULL SERVICES** – SUPPORT PAID THROUGH THE RI FAMILY COURT AND OFFICE OF CHILD SUPPORT SERVICES (OCSS) TO PROVIDE FULL ENFORCEMENT
ATTACH \$20 APPLICATION FEE TO NEW APPLICATIONS WHEN CHILD DOES NOT RECEIVE WELFARE, STATE MEDICAL ASSISTANCE OR CCAP

☐ **MEDICAL ONLY**– CHECK EITHER A OR B BELOW

THE CHILD/CHILDREN RECEIVE STATE MEDICAL ASSISTANCE ONLY (RITECARE OR RITESHARE) AND I DO NOT WANT OCSS SERVICES FOR CHILD SUPPORT

A. ☐ I DO NOT WANT OCSS SERVICES TO ENFORCE THE CHILD SUPPORT PORTION OF THE ORDER AND ONLY MEDICAL ORDERS WILL BE PAID THROUGH FAMILY COURT OR ENFORCED BY OCSS

B. ☐ BOTH CASH MEDICAL AND SUPPORT WILL BE PAID THROUGH FAMILY COURT BUT I DECLINE OCSS SERVICES TO ENFORCE THE SUPPORT PORTION OF THE ORDER.

☐ **BOOKKEEPING ONLY** - PAYMENT TO BE MADE THROUGH THE FAMILY COURT, BUT NO OCSS SERVICES TO ENFORCE ORDER

☐ **REGISTRATION OF ORDER INFORMATION ONLY** – PAYMENTS WILL NOT BE SUBMITTED THROUGH THE RI FAMILY COURT; THERE ARE NO PUBLIC BENEFITS FOR ANY CHILD IN THE CASE

DATE: _____ CUSTODIAL PARENT/ OBLIGEE SIGNATURE: _____

PAYMENTS TO THE OBLIGEE CANNOT BE DISBURSED UNLESS THIS SECTION IS COMPLETE.

OBTAIN MORE INFORMATION AND AN APPLICATION FOR RI CHILD SUPPORT SERVICES (OCSS) AT WWW.CSE.RI.GOV